

establishing new regulations to make pill mills more difficult to operate.

But, with millions of dollars at stake and the grip of addiction taking a strong hold on Kentucky's population, it is going to take a lot more to send these doctors packing.

Some counties, such as Knott, Carter, Morgan and Greenup have created their own ordinances banning pain clinics in an effort to keep out pill mill operations. But, some say those who are suffering most from this scourge are those truly in need of pain relief and the doctors legitimately trying to help them. Most doctors are responsible, and are working hard to protect themselves and their practices from drug seekers. And patients desperate for relief from their suffering are having a harder and harder time finding it.

"A legitimate patient will see that a pain clinic is coming into an area, go for a first visit and call us and say, 'Something is not right. That guy didn't even want to listen to me, he just wanted to give me three prescriptions,'" Carpenter said. "I think a legitimate patient figures it out real quick. It makes it a little bit harder on your legitimate physician because they actually want to treat the patient, but the drug seeker doesn't want to be treated."

We must keep working toward a solution for the sake of our families.

"A recent report from the Kentucky Department for Public Health showed that more Kentuckians die from prescription drug overdoses than from car accidents," Beshear told constituents during his state of the union address earlier this year. "Think about that: our medicine cabinets are deadlier than our highways."

"I don't think there is one family in Kentucky that has not been touched or affected by it in some way," Carpenter said. "And I don't mean one person in their family addicted, but you think about all these other crimes — thefts, robberies, break-ins — there is probably not one story we see on the news where somebody didn't break in and they wanted medication. Or, they go pawn something because they need to go buy medication."

"To be honest, people think it's not as bad as if they were out here buying and selling cocaine or heroin because it's a legitimate drug," she continued. "It's nothing just to see somebody trading prescriptions

in a parking lot outside of a [local pharmacy]. They know it's wrong to sell it, but it's just the perception of it. I think even the addiction part — if I was sitting at my desk at an office job and popped a pill, nobody would think anything about it. And I could be high all day at work. Surely people would eventually figure it out. But, it's not like you were sitting and snorting cocaine at your desk. That's why I think it's accepted more."

A SOLUTION

One solution Carpenter said is underway is the national linking of prescription monitoring programs.

"The National Board of Pharmacies has a program right now they are getting ready to implement called InterConnect," she said. "The ultimate goal is to link together all the prescription monitoring programs. If we could all talk to each other and if all the monitoring programs would have the same data, it would be wonderful. Because, we would know [where people are going]. Right now, if we get a complaint on somebody going to Florida, I run a KASPER on them here to see if they are getting [narcotics] here. Because it would be easy for them to go to a doctor here once a month and also go to a doctor in Georgia or Florida once a month and I wouldn't know about it. So, if they could all be linked together it would certainly help law enforcement and it would help the doctors they see, because they could run the reports and see that they've gone somewhere else."

But until then, officers at the local level are the key to connecting the clues that might identify a new pill mill in the community.

"Traffic stops are a big thing that law enforcement officers can use," Carpenter said. "That can be a big clue that there is a pill mill in their area or maybe in a surrounding county. Just because people say, 'I have a prescription for it, here's my prescription.' If they start seeing the same doctor over and over again, that could be a red flag. I kind of try to educate them to ask questions and if everybody in the car has the same pill bottle for the same thing or the same doctor, treat it like an illicit drug." 🍊

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Pill Mill Legislation Pending

Currently, Kentucky lawmakers are considering legislation in both the house and senate to squash pill mill activity in the commonwealth.

Senate Bill 42 and House Bill 4 address the complicated issue of pill mills in Kentucky, an issue Gov. Steve Beshear said must be a "high priority" for the state. At press time, neither bill had significant movement.

Senate Bill 42 would require all pain management facilities to be licensed appropriately. It also creates new rules for who can own, operate and work for the businesses, as well as details about regular inspection of the agencies.

House Bill 4 addresses the Kentucky All Schedule Prescription Electronic Reporting system and would require all doctors issuing prescriptions to register and use the system. New standards would be put in place for sharing information among law enforcement and licensure boards and data gathered from KASPER reports would have to be more regularly reviewed to identify potential pill mill operations.

For up-to-date details about this and other legislation of note to law enforcement, visit www.kledispatches.ky.gov. ■



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